

CURRENT EMPLOYER INFORMATION FORM

(1) DR Number: _____ ATLAS Number: _____
Payor Name: _____ SSN: _____

(2) **Current Employer Name:** _____
Payroll Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

Previous Employer (if known): _____
Payroll Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

(3) Submitted By: _____ Date: _____

WA/FSC
TYPE OF W/A _____
DATE _____
TYPE OF ORDER _____
EMPLOYER STATUS _____
ENTERED BY _____
NEW W/A _____ SUB _____
AG _____ DCSE _____